

02/21/2014

2014-02-21 10:00 AM

Updates from the MT
Laboratory Services

Bureau

800-821-7284

www.lab.hhs.mt.gov



FAQ Sheet Addresses HCV

Algorithm

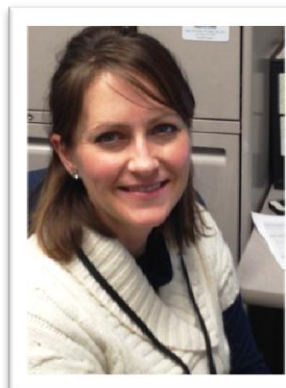
In May 2013, the [MT Laboratory Sentinel Newsletter](#) highlighted the updated Hepatitis C Testing Recommendations, which discussed the importance of using appropriate testing methods to identify patients with active Hepatitis C infection in an effort to prevent liver damage.

In December 2013, in an effort to provide answers to questions regarding the recommended testing sequence, APHL published a [FAQ sheet](#) for Testing for Hepatitis C Viral Infections. This document provides answers to questions about whether the same specimen can be reflexed for HCV RNA testing and whether a qualitative or quantitative test should be used. It also outlines FDA-approved HCV RNA tests.

Currently, the MTPHL is exploring ways to offer the HCV RNA reflex test, either in house or through shared services. If you have questions regarding testing for HCV through the Montana Public Health Laboratory, please call 800-821-7284.

Introducing...

Our new Laboratory Biopreparedness Specialist, Lana Moyer, became a part of the MTPHL team in early February.



Lana is a Helena native and has previously worked as a Clinical Laboratory Scientist at Helena Physicians Clinic and most recently, as the Clinical Laboratory Supervisor at St. Peter's Medical Group North. She is excited to expand her CLS career in the field of laboratory biopreparedness and looks forward to working with the Montana Sentinel Laboratories. Lana can be contacted at (406) 444-0944 or lmoyer@mt.gov.

In a Simulated Study, Hepatitis C Virus Remains Infective for 6 Weeks on Fomites ([Medscape article](#))

According to a study published in the November 23, 2013 edition of the Journal of Infectious Diseases, drops of Hepatitis C virus (HCV) dry and remain infective for 6 weeks at room temperature. Therefore, fomites (i.e. inanimate objects or surfaces) may be a source of nosocomial HCV infections. The persistence of the virus on fomites may also underlie the continued high incidence of HCV infection among people who inject drugs.

"In our simulation of real world risks of HCV transmission in settings conducive to exposure to HCV-contaminated fomites, we observed that [cell culture derived HCV (HCVcc)] could maintain infectivity for up to 6 weeks at 4° and 22°C. This finding supports our hypothesis that the increasing incidence of nosocomial HCV infections may be due to accidental contact with HCV-contaminated fomites and other hospital equipment even after prolonged periods after their deposition. Moreover, we found that HCVcc infectivity was influenced by HCVcc viral titer and the temperature and humidity of the storage environment," the authors write.

They add that all of the HCVcc-contaminated drops dried within 4 hours at room temperature and became easy to overlook. Dried drops are thus a challenge for infection control and are possibly a source of accidental exposure to HCV.

Commercial antiseptics did vary in their anti-HCV activity. Bleach (diluted 1:10) was more effective than cavicide (diluted 1:10), which was more effective than ethanol (70%).

Read the [full text](#) of the Journal of Infectious Diseases article.

Montana Communicable Disease Weekly Update

Release date: 2/21/2014



DISEASE INFORMATION

Summary – MMWR Week 7 - Ending 2/15/2014 Preliminary disease reports received at DPHHS during the reporting period February 9–15, 2014 included the following:

- **Vaccine Preventable Diseases:** Influenza hospitalizations (11), Pertussis (1)
- **Invasive Diseases:** *Neisseria meningitidis* [Meningococcal Disease] (1)
- **Enteric Diseases:** Campylobacteriosis (2), Giardiasis (1), Salmonellosis (3), Shigellosis (2)
- **Hepatitis:** (0)
- **HIV Disease**:** (1)
- **Vector-borne Diseases:** (0)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)

* Weekly updated Montana Influenza Summary is included as link in the Influenza section of this update.

** A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

USDA Beef Recall: The Montana Food and Consumer Safety Section provided several messages this week to health officials across the state regarding an ongoing and expansive meat recall. No reports of illness have been associated with the recall. In addition, no products subject to the recall have been found in Montana. The recall was initiated by the United States Department of Agriculture (USDA), and involves 24 states. For more information, please visit the USDA recall webpage at:

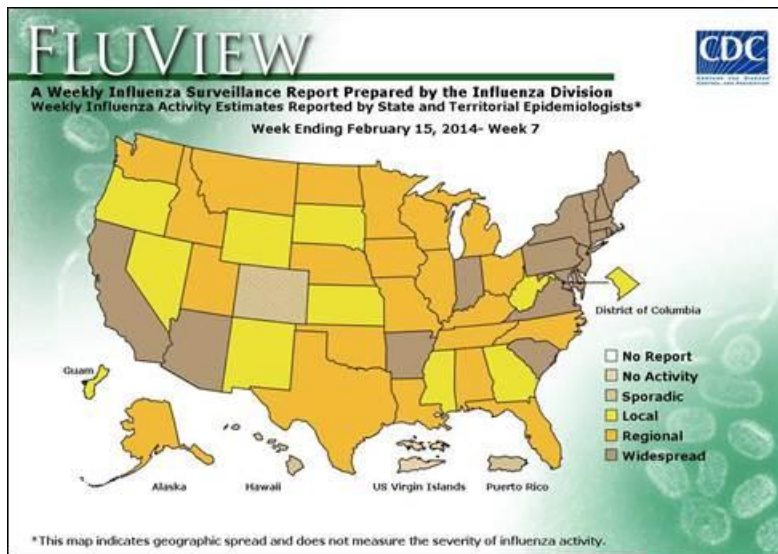
<http://www.fsis.usda.gov/wps/portal/fsis/topics/recalls-and-public-health-alerts/current-recalls-and-alerts>

Questions or comments about the recall should be directed to the local sanitarian or FCSS at 406.444.2408

Respiratory Syncytial Virus (RSV): [The 2013-2014 RSV season has officially started in Montana.](#) All regions in Montana are at seasonal activity at this time with at least one confirmed laboratory result reported. Weekly updates and additional RSV and RSV prophylaxis information can be found at www.rsv.mt.gov.

- [CDEpi is investigating a SUSPECT RSV Outbreak in Rosebud County involving 3 facilities.](#)
- [The Montana Medicaid Drug Prior Authorization Program began authorizing RSV chemoprophylaxis on December 1, 2013.](#)

2013-2014 Influenza Season: Influenza activity in the United States and Montana continued to decline during the week of February 9–15. Montana and other nearby states have moved to regional status.



The most recent issue of the Montana Influenza Summary is available at:

<http://www.dphhs.mt.gov/influenza/influenzaactivity.shtml>

For more information, the CDC FluView web page can be viewed at <http://www.cdc.gov/flu/weekly/>

CDC Influenza Press Release: Attached is a press release issued by CDC that may be printed in local and national newspapers. In the release CDC explains how this season's circulating influenza subtypes have been predominantly H1N1. The article then goes on to explain that H1N1 has impacted the 18 to 64 year old group more severely than any other age group much like it did during the 2009 influenza outbreak.

In Montana, our influenza activity has shown a steady decline since the last week of January 2013. All indications point to a continued decrease in activity throughout February and March. However, during the peak of our flu activity Montana has followed the national trend fairly closely. As of this report, 62% of Montana's influenza-related hospitalizations have been in the 18 to 64 age group, compared to the national rate of 61%. Four of our seven influenza-related deaths were in people 55 years of age or younger which is also consistent with the national picture.

The take home message from the CDC press release is that our 18 to 64 year old residents are not as invincible as they think. Every effort should be made in the waning months of this influenza season and in subsequent seasons to vaccinate this group!

INFORMATION/ANNOUNCEMENTS

Elevated Blood Lead Level Reporting: [Starting in 2014, CDEpi will be investigating elevated blood lead level reports – in both children and adults. The Montana Public Health Laboratory was performing these investigations prior.](#)

- [Per ARM 37.114.546, re-testing and follow-up will be a provider and local health jurisdiction responsibility.](#)
- [We will be developing a standardized approach for these investigations with the goal of using MIDIS to collect the necessary data. There will be additional information in the near future. STAY TUNED!](#)
- [If your county has established procedures that are working well \(e.g. forms, investigation guidelines\) please share them with Joel Merriman at JMerriman@mt.gov or contact him at 406-444-0273.](#)

Seasonal posters again! We have ordered some new posters. This time they are spring and summer themed. Please contact Dana Fejes dfejes@mt.gov or 406-444-3049 with quantity and physical mailing address regarding the following posters:



MIDIS 2013 case close out: CDEpi is about to begin the reconciliation process with CDC for 2013 case counts. We would appreciate it if you would please take a few moments to review and close out your 2013 cases. CDEpi will also pull data for the 2013 Annual Report beginning in March, so it would be very helpful if you could close out your 2013 cases **by Friday, February 28.**

To review a list of cases that are open in your jurisdiction, click on **Open Investigations** at the top of your MIDIS homepage.

To close out an investigation in MIDIS, follow these steps:

- 1) Open the investigation.
- 2) In the upper right hand corner, click on the **Edit** button. You will see a pop up box come up with a warning; click **OK** to move forward.
- 3) Make any changes or update to the case if needed.
- 4) Near the top of the page, look for the field 'Investigation Status'. Change this from **Open** to **Closed**.
- 5) Click **Submit** to save your work.

Remember, you can edit an investigation at any time, even if the case is closed. Please call us at 444-0273 with any questions.

Clinical Vaccinology Course: The next offering of the Clinical Vaccinology Course is scheduled for March 21-23, 2014 in Seattle, WA. The 2 1/2 day course is sponsored by the National Foundation for Infectious Diseases (NFID) and Emory University School of Medicine. Content focuses on new developments and issues related to the use of vaccines and is specifically designed for physicians (family, infectious disease specialists, internists, and pediatricians), nurse practitioners, nurses, physician assistants, pharmacists, public health professionals, vaccine program administrators, and other healthcare professionals interested in clinical aspects of vaccine delivery.

Participants leave the course with the latest immunization recommendations, strategies to increase immunization rates, and best practices for immunization delivery. Faculty includes physicians, nurses, nurse practitioners, pharmacists, and public health officials including representatives from CDC and ACIP Work Groups. Earn up to 18.0 Continuing Education Credits (CME, CNE, ACPE).

A Nurse Consultant from the DPHHS Immunization Program will be attending the meeting. Anyone interested in attending can find additional information at the event website: www.cvent.com/d/44q93g?refid=mtim

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>